



November 19, 2015  
Announcement 1013

## Enhancements to Provider Web Portal Prior Authorizations

On November 16, 2015, enhancements were made to the Provider Web Portal Prior Authorization application to allow multiple medical citation reasons on a Notice of Decision (NOD). The Prior Authorization “View Authorization Response,” “View Authorization Print” and “View Denial Information” pages can now display up to five medical citation reasons per service line for a more detailed reason of decision. See below for examples of the three pages.

### “View Authorization Response” page:

View Authorization Response					Back to View Authorization Status ?				
<b>Authorization Tracking #</b> 200002 General Authorization Response Instructions <a href="#">Expand All</a>   <a href="#">Collapse All</a>									
<b>Requesting Provider Information</b> +									
<b>Member Information</b> +									
<b>Diagnosis Information</b> +									
<b>Service Provider / Service Details Information</b> -									
Provider ID 11			ID Type NPI		Name				
From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason	
11/04/2015	11/05/2015	1	-	-	CPT/HCPCS 27425-LAT RETINACULAR RELEASE OPEN	<a href="#">Hide</a>	Not Certified 11/04/2015	-	
<b>Medical Citation</b> 7002 - Information provided does not support medical necessity as defined by Nevada Medicaid. 7013 - Outpatient services provided by hospitals are subject to the same service limits as other outpatient service providers. 7162 - Prior authorization requirements were not followed for the service (s) requested. 7619 - ADSD has filled the number of slots allocated to the AL Waiver. 7941 - Denied due to a provider preventable condition. The requested service is directly related to treatment for and related to a condition acquired by a patient during the course of receiving treatment which is identified as preventable on the part of the provider.									
<b>Notes To Provider</b> -									
<a href="#">View Provider Request</a>			<a href="#">View Denial Information</a>			<a href="#">Print Preview</a>			

## “View Authorization Print” page:

[Print](#)

View Authorization Response							
<b>Authorization Tracking #</b> 200002							
General Authorization Response Instructions							
Requesting Provider Information							
<b>Provider ID</b> 14		<b>ID Type</b> NPI					
Provider							
Member Information							
<b>Recipient ID</b>							
Recipient							
Birth Date							
Diagnosis Information							
Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.							
Diagnosis Type				Diagnosis Code			
ICD-9-CM				0010- CHOLERA D/T V. CHOLERAЕ			
Service Provider / Service Details Information							
<b>Provider ID</b> 1174723910		<b>ID Type</b> NPI		<b>Name</b> ALPHA HOME HEALTH AGENCY INC			
From Date	To Date	Units	Remaining Units	Amount	Code	Decision / Date	Reason
11/04/2015	11/05/2015	1	-	-	CPT/HCPCS 27425-LAT RETINACULAR RELEASE OPEN	Not Certified 11/04/2015	-
Medical Citation							
7002 - Information provided does not support medical necessity as defined by Nevada Medicaid.							
7013 - Outpatient services provided by hospitals are subject to the same service limits as other outpatient service providers.							
7162 - Prior authorization requirements were not followed for the service (s) requested.							
7619 - ADSD has filled the number of slots allocated to the AL Waiver.							
7941 - Denied due to a provider preventable condition. The requested service is directly related to treatment for and related to a condition acquired by a patient during the course of receiving treatment which is identified as preventable on the part of the provider.							
Notes To Provider							
-							

## “View Denial Information” page:

[Print](#)

Your authorization request has been processed and reviewed. The Status, Reason and Remarks for the determination are based on a medical necessity review. For further explanation, please refer to your hard copy of the Notice of Determination.

You have the right to appeal this determination. Please reference the Nevada Medicaid Billing Manual for appeal rights and procedures.

View Authorization Response								
<b>Authorization Request Date</b> 11/04/2015								
<b>Authorization Tracking #</b> 2000021								
Requesting Provider Information								
<b>Provider ID</b> 14			<b>ID Type</b> NPI					
Provider								
Member Information								
<b>Recipient ID</b>								
Recipient								
Birth Date								
Diagnosis Information								
Diagnosis Type			Diagnosis Code					
ICD-9-CM			0010-1 E CHOLERA D/T V. CHOLERAЕ					
Service Provider / Service Details Information								
<b>Provider ID</b> 11		<b>ID Type</b> NPI		<b>Name</b>				
From Date	To Date	Units	Remaining Units	Amount	Code	Decision Date	Decision	Reason
11/04/2015	11/05/2015	1	-	-	CPT/HCPCS 27425-LAT RETINACULAR RELEASE OPEN	11/04/2015	Not Certified	-
Medical Citation								
7002 - Information provided does not support medical necessity as defined by Nevada Medicaid.								
7013 - Outpatient services provided by hospitals are subject to the same service limits as other outpatient service providers.								
7162 - Prior authorization requirements were not followed for the service (s) requested.								
7619 - ADSD has filled the number of slots allocated to the AL Waiver.								
7941 - Denied due to a provider preventable condition. The requested service is directly related to treatment for and related to a condition acquired by a patient during the course of receiving treatment which is identified as preventable on the part of the provider.								
Notes To Provider								
-								
<a href="#">Print</a>		<a href="#">Close</a>						